Case 24-13904-pmm Doc 19 Filed 02/17/25 Entered 02/17/25 14:20:30 Desc Main Document Page 1 of 2

Fill	in this information to i	dentify your <u>ca</u>	se:					
Deb	otor 1	Sharonne N						
	otor 2 use, if filing)							
Unit	ted States Bankruptcy	/ Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA				
-	se number 2:24-	bk-13904						
Of	fficial Form 1	061				MM / DD/ Y		
	chedule I: Y		me			, ==, .		12/15
supp spou	olying correct inforn use. If you are separ ch a separate sheet	nation. If you a ated and your	ible. If two married peo are married and not filing spouse is not filing wi On the top of any additi	ng jointly, and your sp ith you, do not include	ouse is li informat	ving with you, inclion about your spe	ude information abou ouse. If more space is	t your needed,
1.	Fill in your employment information.			Debtor 1		Debtor 3	2 or non-filing spouse	
	If you have more the attach a separate painformation about ac	page with	Employment status	☑ Employed☑ Not employed		⊠ Empl	oyed	
	employers.		Occupation	Deputy to Chief o	f Staff	Driver		
	Include part-time, se self-employed work.		Employer's name	City of Philadelph			Fransports, LLC	
	Occupation may include student or homemaker, if it applies.		Employer's address How long employed there? Jan 2024 - present			9351 Maple Lane Larsen, WI 54947		
					nt <u>2</u>	2021 - present		
Par	t 2: Give Detai	Is About Mon	thly Income					
unle: If yo	ss you are separated.	ouse have mo	e you file this form. If your than one employer, cohis form.	· ·	•		•	
						For Debtor 1	For Debtor 2 or non-filing spouse	
2.			y, and commissions (be alculate what the monthl		2. \$	9,151.89	\$8,293.87	
3.	3. Estimate and list monthly overtime pay.				3. +\$	0.00	+\$ 0.00	
4.	Calculate gross Inc	come. Add line	e 2 + line 3.		4. \$	9,151.89	\$ 8,293.87	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Sharonne N Ku-Ntima		Case number (if known)	2:24-bk-139	04
	Сор	by line 4 here	4.	For Debtor 1 \$ 9,151.89	For Debtor 2 non-filing sp \$ 8,2	
5.	List	all payroll deductions:				
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Additional Insur-Supplemental Co Op Fee Loan Payback Insurance Fee Trailer Fee	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 5 \$ 7 \$ 1,5	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.52.51 193.23 130.95 194.67
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 968.05		371.36
7. 8.		culate total monthly take-home pay. Subtract line 6 from line 4. all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Contribution from Mother towards mortgage IRS Refund 1/12	_ 8f. 8g.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$\$ \$\$ \$\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,105.00	\$	0.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	9,288.84 + \$	4,422.51	\$ <u>13,711.35</u>
11.	othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen	• •	•	
	Writ appl	you expect an increase or decrease within the year after you file this form	n Liabi	•	a, if it 12.	\$13,711.35 Combined monthly income
	\square	No. Yes. Explain:				